FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Section Estimated average burden Washington, D.C. 20549

Section

OMB Number:.....3235-0076

OMB APPROVAL

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FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

Washington, DC 110 UNIFORM LIMITED OFFERING EXEMPTION

OCT 01 2008 SEC USE ONLY **Prefix** Serial **DATE RECEIVED**

| Name of Offering | (☐ check if this is an ame | endment and name | nas changed, and in | dicate change.) | | |
|--------------------------------------|-------------------------------|-----------------------|-----------------------|------------------------|--------------------|--|
| Offering of limited p | artnership interests of Pa | rmenides Fund, L.I | P. | | | |
| Filing Under (Check t | pox(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | □ Rule 506 | Section 4(6) | ULOE |
| Type of Filing: | New Filing | Amendment | | | 16 | 38A~ |
| | | A. BASIC | IDENTIFICATI | ON DATA | ا ا | CESSED |
| Enter the inform | ation requested about the is | suer | | | ا ک | CT A8 20 15 |
| Name of Issuer | check if this is an amer | ndment and name h | as changed, and inc | licate change. | **** | VOZULIA |
| Parmenides Fund, L | P. | | | | IHON | ASON PEUTEDO |
| Address of Executive | Offices | | (Number and Stree | t, City, State, Zip Co | de) Telephone Nu | mber (Including Area Code) |
| c/o Structured Servi Nevada 89119 | icing Transactions Group, | L.L.C., 2215-B Rer | naissance Drive Su | ite 5, Las Vegas, | (| 203) 351-2870 |
| Address of Principal (| Offices | | (Number and Stree | t, City, State, Zip Co | de) Telephone Nu | mber (Including Area Code) |
| (if different from Exec | cutive Offices) | | | | | |
| Brief Description of B | usiness: Private Inves | stment Company | | | | |
| Type of Business Org | ganization | | | | | |
| | corporation | 🛛 limited p | artnership, already f | ormed | other (please sp | ecify) |
| | ☐ business trust | ☐ limited p | artnership, to be for | med | | |
| | | | Month | Year | | |
| Actual or Estimated D | Date of Incorporation or Orga | anization: | 0 1 | 0 | 3 🛛 Act | ual Estimated |
| Jurisdiction of Incorpo | oration or Organization: (En | ter two-letter U.S. P | ostal Service Abbre | viation for State; | | ······································ |
| | | CN | l for Canada; FN for | other foreign jurisdi | ction) D | E |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ General and/or Managing Partner ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Structured Servicing Transactions Group, L.L.C. Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 ☐ General and/or Managing Partner Director ☐ Beneficial Owner Check Box(es) that Apply: □ Promoter Brownstein, Donald I. Full Name (Last name first, if individual): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Business or Residence Address (Number and Street, City, State, Zip Code): Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 ☐ General and/or Managing Partner □ Director □ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Mok, William Full Name (Last name first, if individual): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Business or Residence Address (Number and Street, City, State, Zip Code): Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 ☐ General and/or Managing Partner □ Director ☐ Beneficial Owner □ Promoter Check Box(es) that Apply: **Christopher Russell** Full Name (Last name first, if individual): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Business or Residence Address (Number and Street, City, State, Zip Code): Renaissance Drive, Suite 5, Las Vegas, Nevada 89119 ☐ General and/or Managing Partner □ Director □ Executive Officer Check Box(es) that Apply: □ Promoter Morgan Stanley Institutional Fund of Hedge Funds, LP Full Name (Last name first, if individual): One Tower Bridge, 100 Front Street, Suite 1100, West Conshohocken, Business or Residence Address (Number and Street, City, State, Zip Code): PA 19428 ☐ General and/or Managing Partner □ Director ☐ Executive Officer ☐ Beneficial Owner Check Box(es) that Apply: □ Promoter Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): □ Director ☐ General and/or Managing Partner ☐ Executive Officer ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): ☐ General and/or Managing Partner ☐ Director □ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner □ Promoter Check Box(es) that Apply:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| B. INFORMATION ABOUT OFFERING | |
|---|-------------------------------|
| | |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | ☐ Yes ☒ No |
| 2. What is the minimum investment that will be accepted from any individual? | \$1,000,000* May be waived |
| | • |
| 3. Does the offering permit joint ownership of a single unit? | ☑ Yes ☐ No |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | ☐ All States |
| (Check "All States" or check individual States) | <u> </u> |
| | 6] □{MO} |
| _,, _,, _,, , | r] □ [PA] |
| —· · —· · — · · — · · | /) □[PR] |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | ☐ All States |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI | . □ (ID) |
| ☐ {IL] ☐ [IN] ☐ [IA] ☐ [KS] ☐ [KY] ☐ [LA] ☐ [ME] ☐ [MD] ☐ [MA] ☐ [MI] ☐ [MN] ☐ [MS | B] □ [MO] |
| | R] [PA] |
| ☐ [RI] ☐ [SC] ☐ [SD] ☐ [TN] ☐ [TX] ☐ [UT] ☐ [VT] ☐ [VA] ☐ [WA] ☐ [WV] ☐ [WI] ☐ [W | Y] [PR] |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Name of Associated Broker or Dealer | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | ☐ All States |
| (Chicat / III Carlo Car |] 🔲 [ID] |
| \square [IL] \square [IN] \square [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] | S] [MO] |
| \square [MT] \square [NE] \square [NV] \square [NH] \square [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OI | R) [PA] |
| | Y] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|---|-----------|-----------------------------|----------------|--|
| | Type of Security | | Aggregate Offering Price | | Amount Already Sold |
| | Debt | \$ | | \$ | |
| | Equity | \$ | | \$ | |
| | ☐ Common ☐ Preferred | | | | |
| | Convertible Securities (including warrants) | \$ | | <u>\$</u> | |
| | Partnership Interests | \$ | 500,000,000 | <u>\$</u> | 363,641,501 |
| | Other (Specify)) | <u>\$</u> | | <u>\$</u> | |
| | Total | \$ | 500,000,000 | \$ | 363,641,501 |
| 2. | Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this | | | | |
| | offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | |
| | | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | 70 | <u>\$</u> | 363,641,501 |
| | Non-accredited Investors | | <u> </u> | \$ | |
| | Total (for filings under Rule 504 only) | | | \$_ | |
| | Answer also in Appendix, Column 4, if filing under ULOE | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1. | | | | |
| | Time of Officials | | Types of Security | | Dollar Amount Sold |
| | Type of Offering | | • | s | 33.3 |
| | Rule 505 | | | - - | |
| | Regulation A | | <u> </u> | - = | |
| | Rule 504 | | | | |
| | Tota! | | | _ | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | 🗖 | <u>\$</u> | |
| | Printing and Engraving Costs | | 🗖 | \$ | |
| | Legal Fees | | 🛛 | \$ | 132,678 |
| | Accounting Fees | | 🗆 | \$ | |
| | Engineering Fees | | 🗆 | \$ | |
| | Sales Commissions (specify finders' fees separately) | | | <u>\$</u> | |
| | Other Expenses (identify) | | | \$ | |
| | Total | | | <u>\$</u> | 132,678 |
| | · - · · | | | | |

| | C. OFFERING PRICE, NUMBER | OF INVESTORS, EXP | ENSES | AND USE OF | PROCEED | S |
|-----|---|---|---------------------------|--|--------------------------------------|---|
| 4 | b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part 6 "adjusted gross proceeds to the issuer." | C—Question 4.a. This different | ence is the | e | <u>.s</u> | 499,867,322 |
| 5 | Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any pestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons | purpose is not known, furnish tal of the payments listed m | n an ust equal | Payments Officers, Directors Affiliates | . | Payments to Others |
| | Salaries and fees | | | \$ | | \$ |
| | Purchase of real estate | ••••••••••• | | \$ | □ | <u>\$</u> |
| | Purchase, rental or leasing and installation of machine | ery and equipment | | \$ | | \$ |
| | Construction or leasing of plant buildings and facilities | | | \$ | | \$ |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of pursuant to a merger | or securities of another issue | ii 🗆 | \$ | □ | \$ |
| | Repayment of indebtedness | | | \$ | 🗆 | \$ |
| | Working capital | | | \$ | | \$ 499,867,322 |
| | Other (specify): | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | Column Totals | | | \$ | 🔼 | \$ 499,867,322 |
| | Total payments Listed (column totals added) | | | ☒ | \$ 499,86 | 7,322 |
| ·- | D. | FEDERAL SIGNATU | RE | | | |
| COL | s issuer has duly caused this notice to be signed by the unders stitutes an undertaking by the issuer to furnish to the U.S. Sec the issuer to any non-accredited investor pursuant to paragrap | curities and Exchange Comn | on. If this nission, u | notice is filed unde pon written request | r Rule 505, the of its staff, the | following signature information furnished |
| | uer (Print or Type) armenides Fund, L.P. | nature | | | Date Septem | ber 30, 2008 |
| | me of Signer (Print or Type) | e of Signer (Print or Type) B | y Stru | ctured Servic | ing Transa | actions Group, Managing Member |

by Christopher Russell, COO

ATTENTION

| | | E. STATE SIGNATURE | | | | | |
|----|---|---|---------------------------------------|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presen provisions of such rule? | tly subject to any of the disqualification | ☐ Yes 🖾 No | | | | |
| | See App | pendix, Column 5, for state response. | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | |
| 3. | The undersigned issuer hereby undertakes to furn | hish to the state administrators, upon written request, information fu | rnished by the issuer to offerees. | | | | |
| 4. | | is familiar with the conditions that must be satisfied to be entitled to be is filed and understands that the issuer claiming the availability of atisfied. | | | | | |
| | er has read this notification and knows the contents ed person. | s to be true and has duly caused this notice to be signed on its beha | alf by the undersigned duly | | | | |
| • | Print or Type) mides Fund, L.P. | Signature | Date September 30, 2008 | | | | |
| | Signer (Print or Type) | Title of Signer (Print or Type) By Structured Servicing LLC, General Partner, by Upper Shad Associ | Transactions Group, ates, Managing | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | AP | PENDIX | | | | |
|-------|-----------------------|---|--|--------------------------------------|--|--|--------|------------|----------|
| 1 | : | 2 | 3 | | | 4 | | , | 5 |
| | to non-a investors | I to sell ccredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and amount purchased in State (Part C – Item 2) | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | i | | | |
| AR | | | | | | | | | |
| CA | | х | \$500,000,000 | 19 | \$34,700,000 | 0 | 0 | | × |
| co | | | | | | | | | |
| СТ | | х | \$500,000,000 | 6 | \$24,939,619 | 0 | 0 | | x |
| DE | | Х | \$500,000,000 | 1 | \$2,000,000 | 0 | 0 | | x |
| DC | | | | | | | | | |
| FL | | Х | \$500,000,000 | 5 | \$3,650,000 | 0 | 0 | | X |
| GA | | Х | \$500,000,000 | 1 | \$9,000,000 | 0 | 0 | | х |
| н | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | Х | \$500,000,000 | 3 | \$23,850,000 | 0 | 0 | | Х |
| IN | | | | | | | | | |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | | Х | \$500,000,000 | 1 | \$15,000,000 | 0 | 0 | | Х |
| LA | | | | | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | | | | | | | |
| MI | | Х | \$500,000,000 | 1 | \$13,500,000 | 0 | 0 | | Х |
| MN | | | | , ., ., | | | | <u> </u> | |
| MS | , | | | | | | | | ļ |
| МО | | | - | | | | | | <u> </u> |
| MT | | <u>-</u> | | | | | | ļ · · · | |
| NE | | | | | | | | | |
| NV | | Х | \$500,000,000 | 2 | \$22,510,000 | 0 | 0 | | X |
| NH | | | | | | | | | _ |
| NJ | <u>.</u> | Х | \$500,000,000 | 1 | \$1,000,000 | 0 | 0 | | Х |
| NM | | • | | | | , | | L <u> </u> | |

| | | | | АР | PENDIX | | | | |
|-------|----------------------------------|---|--|--------------------------------------|--|--|-------------|----------|--------------|
| | | | | | | <u></u> | | | |
| 1 | Intend to non-ad investors | to sell ccredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and Amount purchased in State (Part C – Item 2) | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| NY | | Х | \$5,000,000 | 19 | \$66,056,882 | 0 | 0 | | X . |
| NC | | X | \$5,000,000 | 1 | \$3,500,000 | 0 | 0 | | x |
| ND | | | | | | | · | | |
| ОН | | | | | | | | | |
| ок | | | | | | | <u></u> | | |
| OR | | | | | | | | | ļ |
| PA | | Х | \$500,000,000 | 4 | \$100,485,000 | 0 | 0 | | х |
| RI | | | | | | | | | |
| sc | | | | | | | | | ļ |
| SD | | | | | | - | | - | |
| TN | | | | | | | | | |
| TX | | Х | 500,000,000 | 2 | \$23,000,000 | 0 | 0 | | X |
| UŤ | | | | | | | | | |
| VT | | | | ··· | | | <u></u> . | | - |
| VA | | | • | | <u> </u> | <u> </u> | | | |
| WA | | Х | \$500,000,000 | 1 | \$1,000,000 | 0 | 0 | | X |
| wv | | | | | | | | | |
| WI | | | | | | | | | |
| WY | | | | | | | | | <u> </u> |
| Non- | | X, | \$500,000,000 | 3 | \$19,450,000 | 0 | 0 | <u> </u> | X |

